S. No. 2
M—1/47
v. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948
Registration District No. 264

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44510
Primary Registration District No. 5894
Registrar's No. 40

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Pine Creek- rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 75 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark 77
(c) City or town Gainesville- rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Thomas Birdsong
3. (b) If veteran, name war --
3. (c) Social Security No. ---
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucy Birdsong
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased October (Month) 23 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	1	29	hr. min.

9. Birthplace Ozark County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Monroe Birdsong
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Mary Ann Davis
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Troy Birdsong
(b) Address St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Gainesville, Mo.
18. (a) Signature of funeral director [illegible]
(b) Address Gainesville, Missouri
19. (a) January 3, 1948 (Date received local registrar) Pamela Trump (Registrar's signature) 277

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 22
year 1947 hour 5 minute 30 A M.
21. I hereby certify that I attended the deceased from 1944 ~~Dec 22~~, ~~1947~~, to Dec 22, 1947;
that I last saw him alive on Dec 20, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	1 mo
Due to: Rheumatism poly articular	50 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
(e) While at work? (e) Means of injury
23. Signature M. J. Hoerman (M. D. or other) DD
Address Gainesville, Mo. Date signed 12/23/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number JAN 148-11D
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ....., working under my personal supervision.

Signed W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Jamesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.